ALLOWANCE HOT LIST

		At the state of th	••
Appl. No. Examiner-	9/159967 2663 Son	Prepared by	2/14/05
JACKET:	Supplemental		
YES NO	Primary Examiner box complete. Issuing Classification complete.		. »
PTO-892/1			
YES NO	Examiner's initials or cross-through Date(s) supplied/complete on all PT	lines supplied for each O-1449/892 sheets. (I	n item cited by applicant. Month and year required.)
SPEC: YES NO YES NO	1	cludes description of e	ach figure in drawings. an insert.)
CLAIMS:		er	aims and/or index of claims
YES NO	Claims listed on Notice of Allowab Claims correctly numbered in index (No duplicate or missing of (No incorrect dependencies)	c. claim numbers.)	amis and of moon of order
CRFE: YES NO	If necessary (biological sequence	listing).	

NOTICE OF ALLOWABILITY:

NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.

Repr 4/1/6 5966385 6078983 6234629/

BEST AVAILABLE COPY